



Strategic Plan 2024-2029

Aim of this document and its context

This is a working document for the development of The Lateef Project over the next 5 years. The objectives of this document are not only to secure the sustainability of The Lateef Project over that time, but to significantly enable the expansion of the service. It is the intention that this strategic plan is the key strategic document and that it should be the key development document guiding all business and financial planning as well as operational development of The Lateef Project for the above identified time frame.

Our Vision

Our vision is to help establish communities in which people live in spiritual and psychological health and wellbeing, and where they feel empowered to live their life as they wish to in relationship with the divine, free from mental ill-health and psychological oppression.

The Lateef Project Objectives

To promote and protect good physical and mental health for the public benefit in particular, but not exclusively among Muslims by:

Providing professional confidential and accessible psychotherapeutic faith-based counselling services and other related resources and services

Developing and maintaining good practice in counselling and therapy and raising professional standards and competence by supporting the education and training of counsellors

Advancing the education of the general public in all areas relating to mental health and the role of counselling and therapy in promoting and protecting good mental health

So

The Lateef Project works to provide Islamic Counselling and Islamic Psychotherapy to Muslims and others experiencing distress or common mental health problems free at the point of use. The Lateef Project works to improve statutory mental health provision, and mental health awareness among Muslims.

What this really means

Not only the systemic improvement of Muslim mental health but primarily the embodiment of the psychospiritual reality of Islam in the current lived reality through psychotherapeutic work, in such a way as to facilitate psychospiritual growth and well-being.

Stephen Abdullah Maynard Founder and
Chair

The Problem.

- The Muslim population in the UK continues to grow, currently it is 3.87 million or 6.5% of the total UK population (census 2021), a population greater than that of Wales. This population is predicted to grow to 17.2% of the population by 2050.
- Muslim in addition to ordinary factors that cause common mental health problems face Racism, Islamophobia and Sexism.
- The Muslim community in the UK is known to experience mental health inequalities in all aspects of mental health care (Health and Social Care Information Centre 2016, Moller NP, Ryans G, Rollings J. 2018, NHS England Addressing Mental health inequalities 2020).
- Pre-pandemic estimates suggest that each year 650,000 UK Muslims experience a common mental health problem more people than the population of Glasgow.
- Muslim's shared identifier of being a religious minority is a protected characteristic under the 2010 Equality Act, meaning that statutory agencies including among others The Department of Health and Social Security, NHS England and NICE have legal duties in policy and practice to:
 - Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
- But there is no strategic NHS response to Muslim mental health, resulting for example in the fact that in 2021-22 of the 45,999 Muslims referred to NHS therapy services only 2.6% completed treatment. There is however The Home Office antiterrorism strategy PREVENT embedded in health care, known to inappropriately channel Muslims from statutory health provision to anti-terrorism investigations and to increase stigma in relation to seeking mental health care.
- Common mental health problems destroy lives, reducing quality adjusted of life years, increasing years lived with disability, and impacting years of life lost. In additions to impacting Muslim families and community mental health problems impact the Muslim economy. mental health problems cost the UK economy at least £117 billion per year (McDaid and Park 2022). Ignoring above factors and assuming that this sum is equally distributed then each year the Muslim economy looses £7.6 billion.

Muslim mental health needs to be addressed strategically.

The Lateef Project Introduction¹

The Lateef Project is an independent Islamic Counselling service, initially established in 2010 as a social enterprise which became a charity in 2016. Since its inception it has worked with NHS and other partners. Though the service was initially only directed to Muslims across Birmingham and for the last 2 years London, The Lateef Project has worked with British Muslims from all over the UK as well as Europe, the Middle East, Africa, and Asia. The face-to-face counselling service has reached people from diverse Muslim communities in several languages, providing a professional and faith-sensitive therapeutic response to mental distress and common mental health problems, in line with the teachings of Islam.

The Lateef Project provides counselling and psychotherapy to Muslims and non-Muslims. The therapeutic approach is Islamic Counselling. Islamic Counselling was developed in 1996 by Sabnum Dharamsi and Abdullah Maynard it is the first modern Islamic therapeutic model developed in the West. It is based on Quranic teaching and Tasawwuf this means that it understands mental wellbeing as a psychospiritual reality unlike western understandings of mental health. Being based on Quran it is a therapeutic model for all or any who identify as Muslim.

Understanding mental health psychospiritually, Islamic Counselling is a more universal approach to mental health than Western therapeutic approaches which are secular, over 84% of the world believe in a faith, Islamic Counselling allows space for the client's faith, and faith-based understanding of them self and of their reality to be an active component in their addressing well-being therapeutically.

Islamic counsellors at The Lateef Project have received 3 years in Islamic Counselling training and have received an accredited qualification in Islamic Counselling recognised across the UK and Europe. All trained Islamic counsellors are members of a professional body such as the BACP. The Lateef Project also like a teaching hospital provides placements for students in or approaching their last year of training.

Islamic Counselling is one of the first therapeutic approaches in the West in the worldwide in the growing movement of Islamic Psychology. Within this movement The Lateef Project is the UK's oldest running Islamic Counselling service to provide both face to face therapeutic work and to work in partnership with statutory provision. Through The Lateef Project, in 2013 Islamic Counselling is also became the first Islamic therapeutic model to scientifically evidence its therapeutic impact (its efficacy). The independent peer reviewed evidence indicates that Islamic Counselling is at least as effective if not more than CBT in addressing Muslim common mental health problems (Maynard 2022, Maynard 2023).

The Lateef Project is unique in its exclusive use of evidence based Islamic Counselling. It is trusted in the community, with professional trained Islamic counsellors. It has a record of successfully providing an equivalent to primary

¹ Further information on The Lateef Project history can be found on The Lateef Project website.

mental health care in the Muslim community, a strategic response to Muslim mental health needs across common mental health problems.

Staffing

The scale of The Lateef Project staff team and with that the number of clients has significantly reduced in the last year following the non-continuance of NHS funding in London resulting in the loss of 6 part time staff, five Islamic counsellors and an operational manager. The current paid staff team is one full time senior counsellor. In addition, there are four qualified volunteer Islamic counsellors and 5 final year Islamic Counselling placement students. Both the full-time senior counsellor and two of the volunteers are sufficiently experienced to carry out clinical assessments. The three volunteer counsellors and the employed senior counsellor are competent to work with complex presentations and or address concerns regarding serious mental health problems.

Staffing has reduced significantly from the 2022 high when the team consisted of 9 part time counsellors as funding for The Lateef Project became increasingly affected by the impact of both the pandemic and the cost-of-living crisis.

The Board

Our board is currently comprised of three trustees all of whom are Muslim and BAME. Two are female one is male. Two board members have previous experience of mental health problems and NHS service provision.

Our Chair is Stephen Abdullah Maynard who has worked in mental health for 35 years as a counsellor, counselling tutor and supervisor. Before developing the therapeutic model Islamic Counselling with Sabnum Dharamsi, they together initially developed the first Transcultural Counselling certificate training programme in the UK with the support of the Inner City Centre and the Lincoln Institute for Psychoanalysis. Stephen wrote the DoH Muslim Mental Health Scoping Report in 2007 to facilitate a national strategic response to Muslim mental health. The recommendations of the report were not enacted and with growing demand from grassroots Muslim community organisations for an appropriate service to refer to Stephen developed The Lateef Project.

Stephen has also served on the management committees of The African Caribbean Development Unit and London Voluntary Services Council.

Our Secretary Uzma Usmani is a retired vice principle of a Further Education college having spent 15 years in senior management in the field of FE colleges and awarding bodies. Uzma thus has significant experience of quality assurance, safeguarding and financial management.

Our Treasurer like our chair is a mental health professional Tahirah Yasin. Tahirah a self-employed therapist has over 20 years of experience in the field. In addition to

her private therapeutic work as an entrepreneur she also is a director of Nuero Empowered the first UK based charity which encompassing all aspects and responding to a wide range of needs that a neurodiverse individual may require; from education, work, social skills, mind sets and driving assimilated equipment. Working with partners across the globe.

The core problem we work with

The Lateef Project addresses mental distress (the sorts of issues that cause concern but are not clinically diagnosable) and common mental health problems. Before the pandemic it was estimated that 1 in 6 people in England would experience a common mental health problem in a year². These problems include:

General Anxiety Disorder

Panic disorder (Panic attacks)

Phobias

Eating disorders

Body dysmorphia

Addictions

Obsessive Compulsive Disorder (OCD)

Anxiety with depression

Attention Deficit Hyperactivity Disorder ADHD

Post-Traumatic Stress Disorder

The Lateef Project also works with mental distress which may be non-clinical such as bereavement.

In doing this work The Lateef Project works with a wide variety of underlying issues that cause either mental distress or common mental health problems these include domestic violence, sexual harassment, neglect, physical violence, war trauma, abuse, relationship problems, harassment, racism, sexism Islamophobia, stress, intergenerational trauma, low self-esteem, self-harm, suicidal thinking (1 in 5 people have suicidal thoughts)³, suicidal behaviour (1 in 15 people attempt suicide)⁴ and neurodiversity.

The Demographics the people we reach

The number of clients varies and is dependent upon our capacity, the number of Islamic counsellors working with The Lateef Project at any one time. Our client age range is from 11 to 70. The majority of our clients are adults in their 20s 30s and 40s. Most of our clients ~80% are female. About 5% of our clients are not Muslims. Most of our clients are people of colour. Our clients cover a wide range of ethnicities, many of our clients are either Pakistani or Bangladeshi, but our clients include British and European clients often reverts, Turkish clients, North African and Arab clients, Sub-Saharan African clients and Indonesian clients.

² Mind factsheet mental health facts and statistics.

³ Mind Factsheet mental health facts and statistics.

⁴ Mind Factsheet mental health facts and statistics.

Results and Achievements

2010. The Lateef Project started as a telephone based counselling service, working in partnership with NHS provision for the Birmingham Muslim community. In the first year 40% of its calls were from Male clients a level of mental health service use not generally seen in mental health services particularly those servicing mostly people of colour.

2011 The Lateef Project developed its face-to-face counselling service, embedded in a GP surgery with 10,000 patients 7000 of whom were Muslim. Within one year the previously installed primary mental health service health minds was removed as clients (patients) chose to use The Lateef Project instead of NHS provision.

2012 The Lateef Project completed long term analysis of the effect of Islamic Counselling on Muslim clients with complex common mental health problems and long-term physical health problems. This study looked at the effect of Islamic Counselling on patient use of hospital care for a year after Islamic Counselling. There was an 82% reduction in patient use of hospital facilities following Islamic Counselling including a 55% reduction in use of Accident and Emergency. This may indicate with improved mental health these patients were better able to manage their physical health conditions.

2014 The data from the above study was again independently examined in the same way, this time 3 years after clients experienced Islamic Counselling. After 3 years there was a 43% reduction in patient use of hospital services with a related 56% reduction in cost. In Accident and emergency there was a 37% reduction in patient use of A&E and a 36% reduction in related cost. There is no known comparable data for CBT (Cognitive Behavioural Therapy, the accepted best therapeutic practice) in relation to this.

2015 The Lateef Project was engaged in the Birmingham IAPT (Increasing Access Psychological Therapies) adult provision and latter also its provision for children and young people CYP IAPT.

2020 Whilst working to support those affected by the Grenfell Fire, The Lateef Project opened its London service and responded to the Covid 19 pandemic:

It provided Islamic Counselling to bereaved Muslims across England in the first wave of the pandemic.

It provided Islamic Counselling to NHS frontline staff across England in the second wave of the pandemic.

2021 The Lateef Project responded to the Afghan Sanctuary Seekers Crisis following the August evacuation by developing a pop-up service in one of the London hotels accommodating 300 adults and 400 children. Between October and March when they were relocated across the country, we worked with 7% of the adult population in English, Dari and through interpreters in Pashtu. Some of this work is still ongoing.

2021 The Lateef Project carried out a qualitative research study of Islamic Counselling in which clients were able to explain the benefits of Islamic Counselling including being able to understand their situation and experience in the context of their understanding of Islam.

2022 The Lateef Project provided a one-year counselling service in partnership with NHS East London Foundation Trust in Hackney Newham and Tower Hamlets with 1.5 counsellors providing short interventions (up to 8 sessions). Being in partnership this was an integrated service like the initial Birmingham service. 52 clients were counselled 50 had anxiety with depression a complex common mental health presentation. Most of these clients had more severe symptoms in at least one of these two conditions. At the end of counselling 2 clients were in remission across anxiety and depression, 3 were in remission in relation to anxiety and 8 were in remission in relation to depression. 82% of anxiety clients symptoms dropped at least one threshold (order of magnitude). 67% of depression clients symptoms dropped at least one threshold (order of magnitude). And for 58% of clients there was a similar drop across both anxiety and depression. There is no known comparable data for CBT (Cognitive Behavioural Therapy accepted best therapeutic practice) in relation to this.

Strategic objectives over the next 5 years

- **The Lateef Project must consolidate and become sustainable.**
The Lateef Project needs to become much more resistant to changes in funding and or staffing to maintain its ability to provide its service.
- **The Lateef Project must grow.**
To strategically address Muslim mental health, The Lateef Project must grow significantly to demonstrate clear impact at a community societal level.
- **The Lateef Project must change the discussion in UK Statutory Mental Health in relation to Muslim mental health.**
In the absence of strategy for Muslim mental health The Lateef Project must create change in policy and practice in the NHS.
- **The Lateef Project must develop awareness of Muslim mental health within the Muslim community.**
Awareness and understanding of Muslim Mental health and its impact are low within the Muslim community. The implications of the strategic lack of

appropriate services are generally unrealised. The Lateef Project must help Muslims to become aware and work to protect their psychospiritual well-being.

- **The Lateef Project must work towards establishing a physical Centre of operations.**

As part of its consolidation sustainability and growth The Lateef Project needs to develop a physical base for its clients to receive counselling and for its counsellors to work within to enable their self-care.

SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> a. A non-sectarian credible Islamic approach to psychospiritual well being that connects with Muslim understanding their faith and life. b. Competent qualified experienced Islamic counsellors. c. Recognised accredited NVQ Islamic Counselling training. d. An ongoing relationship with the NHS. e. An evidence-based model with greater efficacy than CBT (NHS provision) in relation to Muslim mental health, statistical data to support work. f. Understanding of Muslim community. g. Expertise in Muslim Mental health its presentations comorbidities and complexities. h. Service is free of charge to clients. i. A multilingual multi-platform service. 	<ul style="list-style-type: none"> a. Reduced revenue / reduced capacity. b. Relative lack of presence within community so limited knowledge of The Lateef Project and Islam Counselling. c. Islamic Counselling and The Lateef Project to not comply with normal means of service development in the NHS and are often not understood or seen as threatening. d. High demand, unable to fulfil demand due to a lack of resources. e. Reliance of third-party funding. f. Website is outdated. g. Operational processes can be streamlined.
Opportunities	Threats

<ul style="list-style-type: none"> a. To consolidate on the work in East London to facilitate a long-term service. b. To be recognized as the market leader in Muslim mental health expertise and provision. c. Increase awareness within the community. d. Increase Social Media presence. e. To independently raise funds. f. Relationship building with potential large donors with the Muslim community. g. To work jointly with other credible Islamic services. h. To develop the work in additional locations. 	<ul style="list-style-type: none"> a. Cherry picking Islamic counsellors. b. Islamophobia and Racism in NHS service provision and commissioning. c. Intellectual property theft. d. Competition from organisations offering services identified as Islamic Counselling or Islamic Psychotherapy some of which are less reputable. e. Muslim mental health is a largely unidentified and therefore unaddressed problem leading to a market approach to wellbeing. f. The current UK financial turmoil g. An underfunded NHS struggling to meet its identified targets.
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This SWOT analysis indicates that The Lateef Project has several unique selling points which may enable the development of the service to facilitate mental wellbeing within Muslim and wider communities. Principally its Islamic therapeutic evidence-based model and the experience and expertise of its counsellors. Islamic Counselling is based on Quran, Sunnah and Tasawwuf and is a therapeutic process of the Muslim community, of the core understandings we claim common to us and so speaks to the core beliefs of Muslims. At the same time, it allows space for people of faith to consider themselves and their lives in a way that secular models do not.

Being a free service, The Lateef Project takes a faith appropriate mental health provision to people in need without a pay wall and in doing so works with the range of mental health presentations most common among Muslims across all incomes. Additionally, the fact that The Lateef Project has a history of working with statutory provision of mental health has enabled it to have some limited influence on mental health provision. The significance of this cannot be sufficiently stressed while The Lateef Project accepts referrals of clients who have been harmed by other services.

There are opportunities to consolidate and grow the service as well as develop informed partnerships working towards the improvement of Muslim mental health and the wider use of either The Lateef Project and or Islamic Counselling. The service is working to develop an ongoing relationship with the Mental Health Trust

that provides services to North and East London and Bedfordshire. As well as being in discussions with other statutory providers. As the work of The Lateef Project and Islamic Counselling is supported by more evidence of its impact its position in the field is becoming increasingly clear but with this comes an increasing need to raise awareness in key groups Muslim and non-Muslim health professionals including commissioners, the wider Muslim community and philanthropists including Muslim philanthropists. Additionally, there is the need to build partnerships within the Muslim community and among relevant professional bodies.

There are weaknesses to the current position of The Lateef Project. Historically its focus has been on the provision of an effective clinical service to its clients this has meant that it has not built the operational marketing and communications elements to its work essential in the current voluntary sector. With this when The Lateef Project has been in relationships with commissioners who understood the provision and the problem it addressed its funding has been secure and then insecure in other circumstances preventing the ongoing growth of The Lateef Project. The Lateef Project needs to communicate to commissioners and the community the urgency of Muslim mental health in the context of Islamophobia and Racism to enable both to see the importance of supporting this work. The Lateef Project also faces difficulty in relation to its mainstreaming and or the development of its services in statutory health care. Islamic Counselling has been developed in the Muslim community not in the community of health professionals. It is also currently practiced in a small scale. Statutory Health care is not very good at understanding that innovation can come from outside and though it liaises with the voluntary sector it anticipates that the sector can help it to operationalise its services rather than originate complete alternatives based on a different knowledge base. This means there is a lengthy process of learning required to create change in statutory health provision, this process is further complicated by the lack of compliance with the 2010 Equality Act which has enabled Muslim mental health to be an invisible problem in statutory health.

The invisibility of Muslim mental health problems is however reversed in the community. The experience of The Lateef Project since its inception has been that it is always under resourced in relation to the demands for service it experiences. With this and the lack of understanding within health the primary growth within The Lateef Project for the last 10 years has been dependent upon voluntary sector funding. This however is a sector that in general does not warm to mental health provision seeing this as a statutory responsibility. In this context there is a need for the service to be more community and voluntary sector facing with the revision of its website and some of its systems.

The NHS, NICE, and the Department of Health and Social Care operate in the context of an Islamophobic, sexist and racist society with responsibilities to counteract these forms of prejudice. However, the lack of a strategic response to Muslim mental health frames everything in relation to Muslim Mental Health, The Lateef Project and Islamic Counselling provides an alternative way of working with Muslim mental health but this is against the tide requiring statutory commitment and strategic thinking to enable change.

Islamic counsellors have been engaged in agencies with higher pay scales as culturally competent counsellors doing CBT or other work rather than Islamic Counselling. Organisations and individuals working with our Islamic counsellors have also tried to gain insights into the model to further their own work.

Unacknowledged, Muslim mental health problems in the UK are unknown and unrecorded in mental health literature. Research often addressing attitudes of Muslims to mental health or specific services rather than a) their experience of mental health problems b) the experience of mental health services. US research being more advanced is now focussing on these issues. Without the evidence it is difficult to convey that there is a problem and communicate the responsibilities statutory health care are not fulfilling.

The final threat to The Lateef Project is the wider financial turmoil in both the country and the health field reducing the availability of revenue to an under resourced service.

Field analysis

In addition to understanding The Lateef Project in relation to Muslim mental health it is important to also understand the alternative services that are in the field both in terms of the current therapeutic models practiced and their basis and the main UK Muslim agencies providing Muslim mental health services.

Four Primary Models of Islamic Psychology Psychotherapy & Counselling Summary Table

Name	Traditional Islamic Integrated Psychotherapy	The Rothman Approach	The Skinner Approach	Islamic Counselling
Discipline	Psychotherapy	Psychology	Psychology	Counselling and Psychotherapy
Origin	2013 initial publication	2018 initial publication 2021 initial training	2008 Initial training 2010 Initial publication 2012 Initial service	1998 Initial publication 2001 Initial Training 2002 Initial service

Islamic basis	Traditional Sunni Sources	Contemporary Sunni knowledge	Quran Sunna Hadith Traditional Sunni Sources	Quran Sunna Hadith Tasawwuf
Qualification basis prior to training	Qualified practitioner & Islamic scholar	Qualified practitioner	Qualified practitioner	No previous training required
Training length	Two short courses (initial programme 5 days) then 150 hours supervised practice hours	9 months diploma	5-day course	3 year counsellor training 4 year psychotherapist training
What are the applications	Common mental health problems Severe mental health problems	Common mental health problems	Common mental health problems	Common mental health problems Severe mental health problems
Is there peer reviewed quantitative evidence	No	No	No	Yes
Qualifications recognition	IAIP ⁵	IAIP	IAIP	UK and EU nations

⁵ IAIP The international Association of Islamic Psychology

Summary of the main Muslim mental health services

Name	Sakina	Sakoon	Ihsaan	Inspirited minds	MindWorks	The Lateef Project
Discipline	Counselling	Counselling	Psychology	Counselling and Psychotherapy	Counselling and Psychotherapy	Counselling and Psychotherapy
Established		2006	2012	2014		2010
Practitioner or agency	Practitioner based agency	Agency	Agency	Agency	Agency	Agency
Approach	Multiple approaches	Multiple approaches	Islamic Psychology Multiple approaches	Muslim mental health Multiple approaches	Counselling/ psychotherapy Multiple approaches	Islamic Counselling/ Psychotherapy
Specific Islamic training model / Therapeutic Approach and other models	Part Initial training Islamic later training no data on model or approach	Yes Islamic Counselling (Sakoon model) Islamic Counselling & Integrative counselling Solution focused counselling CBT	Yes Skinner model of Islamic Psychology Islamic Psychology Psychotherapy CBT Transactional analysis	No CBT Dialectical Behavioural therapy Existential therapy Humanistic therapies Integrative therapy Islamic Counselling Mindfulness Person-centred therapy Psychoanalysis Psychoanalytical therapy Psychodynamic therapy Reality therapy Solution focused therapy Transactional analysis	No CBT Person-centred therapy CBT Islamic therapy Faith based therapy Psychodynamic	Yes Islamic Counselling and Psychotherapy IC (original therapeutic model)
Length of training and recognition	5 years of training plus CPD	3 years counsellor training 4 years psychotherapist training European recognition	Post initial psychotherapy (4 years) or clinical psychology training 5-day Islamic Psychology training course IAIP recognition	3 year counsellor training 4 year Psychotherapist training UK/European recognition		3 year Islamic Counselling training 4 year Islamic Psychotherapy training European recognition
Applications	Mental distress Common mental health problems	Mental distress Common mental health problems	Mental distress Common mental health problems	Mental distress Common mental health problems	Mental distress Common mental health problems	Mental distress Common mental health problems Severe mental health problems
Is the Islamic approach evidence based	No	No	No	N/A	N/A	Yes

clients	Adult Individuals Couples Children	Adult individuals Couples Families Children	Adult individuals	Adult individuals		Adult individuals Children over 11
Languages			Arabic Bengali French Gujrati Mirpuri Punjabi Swahili Urdu	Arabic Bengali Dutch French Gujrati Hausa Punjabi Somali Tamil Turkish Urdu	Arabic Bengali Czech French Punjabi Somali Urdu	Mirpuri Sylheti Urdu
Media – who do they work with clients?	Face to Face?	Face to Face Telephone Video counselling	Face to face Telephone counselling Video counselling	Face to face Telephone Video counselling	Face to face Video counselling	Telephone Video counselling
Cost	£55 individuals adults per session £60 couples per session £45 children per session		£40 Initial assessment £35 Therapy	£15 Initial assessment £35 telephone or video £45 Face to face	£10- £15	Free
Where		Face to face London Birmingham Manchester Telephone and video	Face to face Bradford Telephone and video UK			Internet London Birmingham

From the first analysis we can see that the therapeutic models with the greatest rigour and TIIP practised in North America, and Islamic Counselling. The Second indicates several things primarily that many of the services operating in the UK use a variety of approaches only Ihsaan, Inspired Minds and The Lateef Project use therapeutic models based on Islam and only The Lateef Project exclusively this is important in that the evidence suggests that Islamic Counselling is more effective than Western mental health interventions but of course these interventions are better known. It is also important to be aware that the Islamic Counselling provision at Inspired Minds at the time of writing this policy is purely based on Islamic Counsellors who were initially based in The Lateef Project.

On this basis positionally though there are other agencies that may be of value in developing Muslim mental health in the UK The Lateef Project is in the best position to take this concern forward.

Knowledge assessment Muslim Mental Health & Islamic Counselling

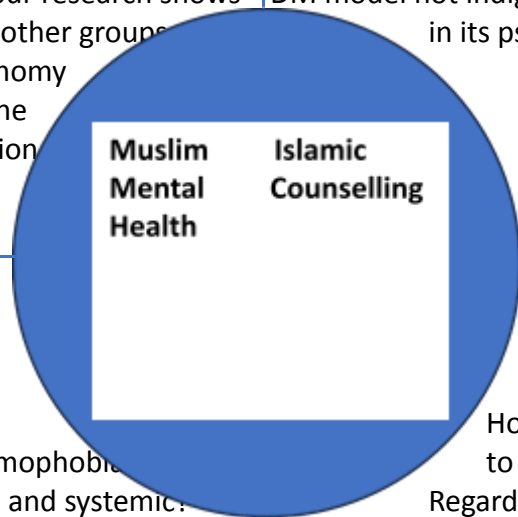
Muslim Mental Health (MMH)

Known

At least an issue and mental health is. Impacting 24.9% of the world and 6.5% Of the UK.
 Subsumed in other things race, Ethnicity, refugee mental health FGM. Reduced quality of life.
 Not addressed strategically by NHS or NICE in policy research or provision despite 2010 Equality Act.
 Prevalence study in US shows Equivalence to host population.
 US suicidal behaviour research shows Double the rate of other groups.
 A drain on the economy
 Estimated loss to the community 7.6 billion Per year

Islamic Counselling the Dharamsi Maynard Model (DM)

DM model epistemologically based in Islam.
 DM model evidence based.
 DM Model at least as effective as CBT on anxiety and depression.
 DM model aetiological understandings of anxiety Depression, PTSD, addiction
 DM model first Western Islamic therapeutic model in practice.
 DM model experiential and process not outcomes driven
 DM model open to all who identify as Muslim.
 DM model not indigenous but universal, in its psycho-spirituality.



Unknown

Is MMH about Muslims inabilities Pathognomic?
 Is MMH about Islamophobia Racism etc societal and systemic?
 What is the nature of MMH how bad, How complex?
 What works to treat MMH?
 Is MMH about failings in NHS provision
 Is MMH about a different Understanding of mental health?
 Is the situation of MMH universal, specific to the UK or Western nations?
 Why is MMH not researched Systematically when Muslims are ~25% Of humanity?
 Is MMH institutional, a form of intentional Islamophobia or racism?

How the DM models works with serious mental illness.
 How The DM model proves its case to statutory health provision
 Regarding common mental health problems?
 How IC proves its case to NICE.
 Many of the things that are known about the DM model in relation to most other models identified as Islamic Counselling.

The above knowledge assessment indicates further the strategic role of The Lateef Project.

The Strategic Plan of The Lateef Project

This plan is designed to achieve the objectives identified above:

- **The Lateef Project must consolidate and become sustainable.**
- **The Lateef Project must grow.**
- **The Lateef Project must change the discussion in UK Statutory Mental Health in relation to Muslim mental health.**
- **The Lateef Project must develop awareness of Muslim mental health within the community.**
- **The Lateef Project must work towards establishing a physical Centre of operations.**

The Lateef Project must consolidate and become sustainable.

To date the primary emphasis has been on delivering effective mental health care and ensuring that that mental health care was effective, this has led to vulnerabilities identified above. Consolidation of The Lateef Project will involve securing regularity of finance that will ensure that The Lateef Project maintains a minimum revenue of £220,000, its 2022 revenue to have a sufficient core team to develop services from. Consolidation will also require the development of the board increasing its skills. A further development will be the establishment of a management team to ensure operational management develops beyond its current clinical focus. Sustainability in this respect will mean transitioning from single year funding initiatives to longer term contract, grants, and the development of regular ongoing donations.

In doing this The Lateef Project must continue to explore the diversification of its income and the development of partnerships, focussing on both its core business in relation to the overall mental health of Muslims in London and Birmingham but also exploring the development of its services in additional locations.

As part of this commitment The Lateef Project will support this Strategic plan with a Business Plan mapping out its developmental path.

The Lateef Project Must Grow.

The Lateef Project must aim to become a medium sized charity as opposed to a small one, with sufficient impact as to be visible in and of itself in relation to the field of Mental Health and in relation to the Muslim Community. Currently a medium charity can be a charity with an annual revenue of £1 million per annum. The target for The Lateef Project in the next five years is to achieve a stable annual revenue of £500,000 and in this to develop a clear growth plan to achieve £1 million within the following 3 years.

The Lateef Project has recently started working with a freelance bid writer this work must continue moving towards the employment of a bid writer as part of a finance

team. In addition to this as indicated above with the expansion of the management team skills need to be built within The Lateef Project in negotiating and securing contracts with the statutory sector. Finally, The Lateef Project must develop a relationship with donors in the Muslim Community and beyond prepared to support an organisation working to address the psycho-emotional, psycho-spiritual and or simply economic drain that Muslim mental health is to the community and the wider society.

The Lateef Project must change the discussion in UK Statutory Mental Health in relation to Muslim mental health.

The Lateef Project does not aim to single headedly address common mental health problems in the Muslim community and support the provision of appropriate services for other related communities. Appropriate mental health care is a universal statutory obligation in the UK. This relates to both government commitments to parity of esteem regarding mental health services and to the appropriate provision of services across diverse communities to eradicate mental health inequalities. Statutory health services have historically addressed mental health inequalities through the development of 'cultural competence' which still today leaves communities like Muslim communities experiencing mental health inequalities. This approach at best is having limited impact, at worst is strategically failing minoritized communities.

The Lateef Project was initially set up following the Department of Health Muslim Mental Health Scoping Report (Maynard 2008) in part to indicate a way to address Muslim mental health. Having developed and tested an equivalent service to primary mental health care there is now a need to move the conversation with statutory health provision forward to exploring the ways that NHS services can engage with Islamic Counselling if not The Lateef Project at scale.

Discussions with The Mental Health Team NHS England have clarified that for Islamic Counselling or any other new treatment to become integrated into NHS provision it needs to be agreed by NICE. The standard process NICE uses to evaluate new interventions is through large scale randomised double blind clinical testing. But the requirements of such a verification regime means that no therapeutic model based on an Islamic epistemology can demonstrate efficacy at scale in a randomised way. All the models practiced in the UK by Muslim services that use Islamic interventions are small in scale and specific in their location.

There needs to be change the conversation with statutory services in relation to Muslim mental health, to enable them to understand that there are other conceptions of mental health that are at least equally appropriate to the needs of this significant population. There also needs to be a fresh dialogue the development of a new pathways to verification to enable mainstreaming of Islamic Counselling and the services of The Lateef Project. This is in acknowledgement of the factors identified above that are unknown.

This work has commenced with the publication of the data on Islamic Counselling and the writing of the Scoping Report and must continue. At the time of writing this report The Lateef Project is developing a proposal for the next piece of research to present the case for the service's work.

The Lateef Project must develop awareness of Muslim mental health within the Muslim community.

In the interim whilst working towards systemic change The Lateef Project must work with the reality of Muslim mental health as it is within a growing community. This means three things:

- Providing Islamic Counselling to individuals in our care in accordance with our capacity.
- Providing support and information to enable Muslims to become aware of and safeguard their mental health.
- Raising awareness of Muslim mental health and the work of The Lateef Project.

In line with the above The Lateef Project must continue to address common mental health problems in the clients it receives to the best of its ability. This is both in terms of working with as many clients as it can in the context of its resources and ensuring that the service that each clients receives is as good as it can be, (quantity and quality).

The Lateef Project needs to take on the wider responsibility of providing good quality information to the Muslim community regarding mental health self-care. This has been historically the case with The Lateef Project publishing on its website in relation to specific national mental health related days and events. The Lateef Project has also provided support to the Muslim community in the context of specific crises that impact our mental health and must continue to do so to increase Muslim mental health resilience.

The Lateef Project must work towards establishing a physical Centre of operations.

Since the beginning of the pandemic The Lateef Project has functioned without a specific office base. Historically The Lateef Project in both in its initial telephone modality and then through the development of its face-to-face service occupied provided premises. These through the events of the pandemic were both not available and with the transition to internet-based counselling not necessary. However, offsite working takes its toll on counsellors and therapists, it also reduces the impact in the community of the service and its visibility to partners. For these reasons within the business plan The Lateef Project needs to develop a pathway towards the establishment of its own operations base initially in London and a plan towards the development of a similar base in Birmingham.

Final points

This strategy presents the broad intentional developmental pathway of The Lateef Project over 5 years from the date of its adoption. The strategic plan will be regularly reviewed over the 5-year period providing the main framework for the development of the work of The Lateef Project. The Strategy does not present a budget as this will be included in the separate business plan which will also be reviewed in relation to the strategic plan of The Lateef Project.